Evaluation and Management (E/M) Services Guidelines

The E/M section is divided into broad...

The basic format of the levels of E/M services is the same for most categories. First, a unique code number is listed. Second, the place and/or type of service is specified, eg, office consultation. Third, the content of the service is defined, eg, comprehensive history and comprehensive examination. (See {LQQ}Levels of E/M Services,{RQQ} page 3, for details on the content of E/M services.) Fourth, the nature of the presenting problem(s) usually associated with a given level is described. Fifth, the time typically required to provide the service is specified. (A detailed discussion of time is provided on page 4.)

Definitions of Commonly Used Terms

New and Established Patient

No distinction is made between...
The decision tree on page 2 is provided to aid in determining whether to report the E/M service provided as a new or an established patient encounter.

Levels of E/M Services

The first three of these components (history, examination, and medical decision making) are considered the key components in selecting a level of E/M services. (See Determine the Extent of History Obtained, page 11.)

Review the Level of E/M Service Descriptors and Examples in the Selected Category or Subcategory

The first three of these components (ie, history, examination, and medical decision making) should be considered the key components in selecting the level of E/M services. An exception to this rule is in the case of visits that consist predominantly of counseling or coordination of care (see numbered paragraph 3, page 10).

Correct the E/M guidelines to reflect the appropriate placement and page number of the referenced information.

Evaluation and Management

Hospital Observation Services

Observation Care Discharge

Initial Observation Care

New or Established Patient

To report services provided to a patient who is admitted to the hospital after receiving hospital observation care services on the same date, see the notes for initial hospital inpatient care (page 14). For a patient admitted to the hospital on a date subsequent to the date of observation status, the hospital admission would be reported with the appropriate Initial Hospital Care code (99221-99223). For a patient admitted and discharged from observation or inpatient status on the same date, the services should be reported with codes 99234-99236 as appropriate. Do not report observation discharge (99217) in conjunction with a hospital admission.

Consultation

To report services provided to a patient who is admitted to a hospital or nursing facility in the course of an encounter in the office or other ambulatory facility, see the notes for Initial Hospital Inpatient Care (page 14) or Initial Nursing Facility Care (page 23).

Inpatient Consultations

New or Established Patient

The following codes are used to report physician consultations provided to hospital inpatients, residents of nursing facilities, or patients in a partial hospital setting. Only one consultation should be reported by a consultant per admission. Subsequent services during the same admission are reported using subsequent hospital care codes (99231-99233) or subsequent nursing facility care codes (99307-99310), including services to complete the initial consultation, monitor progress, revise recommendations, or address a new problem. Use subsequent hospital care codes (99231-99233) or subsequent nursing facility care codes (99307-99310) to report transfer of care services (see page 25, Concurrent Care and Transfer of Care definitions).
Correct the E/M Observation Care Discharge, new or established patient guidelines, the consultation guidelines and the inpatient consultation guidelines to reflect the appropriate placement and page number of the referenced information.

Evaluation
Evaluation and Management
Prolonged Services
Prolonged Physician Service with Direct (Face-To-Face) Patient Contact

<table>
<thead>
<tr>
<th>Total Duration of Prolonged Services</th>
<th>Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than 30 minutes (less than 30 minutes)</td>
<td>Not reported separately</td>
</tr>
<tr>
<td>30-74 minutes (30 minutes – 1 hr. 14 min.)</td>
<td>99354 X 1</td>
</tr>
<tr>
<td>75-104 minutes (1 hr. 15 min. – 1 hr. 44 min.)</td>
<td>99354 X 1 AND 99355 X 1</td>
</tr>
<tr>
<td>105 or more (1 hr. 45 min. or more)</td>
<td>99354 X 1 AND 99355 X 2 or more for each additional 30 minutes</td>
</tr>
</tbody>
</table>

Correct the prolonged physician service table by deleting the duplicate entry “less than 30 minutes” and moving “30 minutes” in its proper location.

Surgery
Integumentary System
Excision-Malignant Lesions

Excision (including simple closure) of malignant lesions of skin…

Excision is defined as full-thickness (through the dermis)…

The closure of defects created by incision, excision, or trauma may require intermediate or complex closure. Repair by intermediate or complex closure should be reported separately. For excision of malignant lesions requiring more than simple closure, ie, requiring intermediate or complex closure, report 11600-11646 in addition to appropriate intermediate (12031-12057) or complex closure (13100-13153) codes. For reconstructive closure, see 15002-15261, 15570-15770. For excision performed in conjunction with adjacent tissue transfer, report only the adjacent tissue transfer code (14000-14302). Excision of lesion (11400-11446) is not separately reportable with adjacent tissue transfer. See page 58 for the definition of intermediate or complex closure.

Revise page number referenced in last sentence above. Page 58 should be page 64.

Surgery
Musculoskeletal System
Head
Repair, Revision, and/or Reconstruction
21196 Illustration title
Reconstruction of Mandibular Rami Canal

Revise the illustration title for code 21196 as the illustration reflects the mandibular canal and not the mandibular rami.

Surgery
Respiratory System
Trachea and Bronchi

▲ 31622 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)
▲ 31623 with brushing or protected brushings
▲ 31624 with bronchial alveolar lavage
▲ 31625 with bronchial or endobronchial biopsy(s), single or multiple sites
▲ 31628 with transbronchial lung biopsy(s), single lobe
▲ 31629 with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)
▲ 31630 with tracheal/bronchial dilation or closed reduction of fracture
▲ 31631 with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)
▲ +31632 with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)
▲ +31633 with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)
▲ 31635 with removal of foreign body
▲ 31636 with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus
▲ +31637 each additional major bronchus stented (List separately in addition to code for primary procedure)
▲ 31638 with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)
▲ 31640 with excision of tumor

Add revision symbol (▲) to codes 31623-31640 to reflect the inclusion of the phrases “including” and “when performed” as identified in the parent code 31622.

Surgery
Digestive System
Anus
Excision
▲ 46255 Hemorrhoidectomy, internal and external, single column/group;
▲ 46257 with fissurectomy
▲ 46258 with fistulectomy, including fissurectomy, when performed
Add revision symbol (▲) to codes 46257 and 46261. Parent code 46255 was revised to include “single, column/group” and parent code 46260 was revised to include “2 or more columns/groups”.

Surgery
Nervous System
Extracranial Nerves, Peripheral
Nerves, and Autonomic Nervous System

Paravertebral Spinal Nerves and Branches
(Image guidance [fluoroscopy or CT] and any injection of contrast are inclusive components of codes 64490-64495. Imaging guidance and localization are required for the performance of paravertebral facet joint injections described by codes 64490-64495. If imaging is not used, report code 20550-20553. If ultrasound guidance is used report 64999)

(For bilateral procedures, use modifier 50)
(For injection of the T12-L1 joint, or nerves innervating that joint, use 64493)

Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level

Revise paravertebral spinal nerves and branches guidelines referencing code 64999 and replace with Category III codes 0213T-0218T.

Radiology
Diagnostic Radiology
(Diagnostic Imaging)
Vascular Procedures
Aorta and Arteries

Angiography, internal mammary, radiological supervision and interpretation
(For introduction of catheter, injection procedure, see 93501-93533, 93545, 93556)

Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)
(Use 75774 in addition to code for specific initial vessel studied)

(For angiography, see 36147, 75600-75756, 75791)
(For catheterizations, see codes 36215-36248)
(For introduction of catheter, injection procedure, see 93501-93533, 93545, 93555, 93556)

(75790 has been deleted. To report, see 36147, 75791)

Revise the second parenthetical following add-on code 75774 to delete 75774 and replace it with 75756.
Radiology
Radiation Oncology
Medical Radiation Physics,
Dosimetry, Treatment Devices, and
Special Services

77326  Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)

(For definition of source/ribbon, see page 332)

Revise page number referenced in parenthetical above. Page number is 377 not 332.

Pathology and Laboratory
Table of Contents

<table>
<thead>
<tr>
<th>Drug Qualitative</th>
<th>Multiple Drug Class Method</th>
<th>Single Drug Class Method</th>
<th>Confirmation</th>
<th>Qualitative Quantitative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohols</td>
<td>80100^a</td>
<td>80101^b</td>
<td>80102^c</td>
<td>82055 or 82075^d</td>
</tr>
</tbody>
</table>

Delete “Qualitative” in last column heading and replace with “Quantitative” for the Table of Drugs and the Appropriate Qualitative Screening, Confirmatory, and Quantitative Codes.

Pathology and Laboratory
Immunology

86256  titer, each antibody

(Fluorescent technique...)

(FTA, see use 86781 86780)

(Gel [agar diffusion...)

Revise second parenthetical note following code 86256 referencing deleted code 86781 and replace with 86780. Also within this parenthetical, delete “see” and replace with “use.”

Medicine
Allergy and Clinical Immunology
Allergy Testing

95012  Nitric oxide expired gas determination

(For nitric oxide determination by spectroscopy, use Category III code 0064T)

Delete parenthetical note following code 95012 referencing deleted Category III code 0064T.
The word “gas” was omitted in the descriptor with the previous Web posting (3/10). This word has been added to the descriptor above.

Medicine
Neurology and Neuromuscular Procedures
Sleep Testing

▲ 95806  Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)

►(Do not report 95806 in conjunction with 93012, 93014, 93041-93227, 93228, 93229, 93230-93272, 0203T, 0204T)

►(For unattended sleep study that measures heart rate, oxygen saturation, respiratory analysis, and sleep time, use 0203T)

►(For unattended sleep study that measures heart rate, oxygen saturation, and respiratory analysis, use 0204T)

Added three new parenthetical notes following revised code 95806.

Medicine
Therapeutic, Prophylactic, and Diagnostic Injections and Infusions (Excludes Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration)

96372  Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

►(For administration of vaccines/toxoids, see 90465, 90466, 96365, 96366, 90471, 90472)

Revise the first parenthetical note following code 96372 to reflect new language in green type.

Category III

0130T  Validated, statically, reliable,...

0140T  Exhaled breath condensate pH

(0140T has been deleted. To report, use 83987)

Delete Category III code 0140T and add instructional parenthetical note to direct the user to report 83987.

Appendix B
Summary of Additions, Deletion, and Revisions
Category III Codes

0140T  Exhaled breath condensate pH

Add Category III code 0140T to Appendix B to reflect deletion for 2010.

Appendix K
Product Pending FDA Approval

90650  Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use

Remove 90650 from Appendix K, as this code received FDA approval.

Index
Craniectomy

Anesthesia . . . . . .00225-00211

Delete reference code 00225 and replace with 00221 in the index following Craniectomy, Anesthesia. Code 00225 does not exist.

Index
Abdomen

Radiation Therapy,

Placement of Guidance Devices . . . . .49410-49411


Index
Femur

Fracture,

Peritrochanteric, Open Treatment . . . . .27236, 27269-27628

Delete reference codes 27267-27628 and replace with 27236 in the index following Femur, Fracture, Peritrochanteric, Open Treatment.

Index
Exploration

Laparoscopic, Surgical, Pelvis . . . . .49321-49327, 49411

Add reference code 49411 in the index following Exploration, Surgical, Pelvis.

Index
Fluoroscopy
Vertebra

Vertebral Osteoplasty . . . . 72291

Delete reference code 77291 and replace with 72291 in the index following Fluoroscopy, Vertebra, Osteoplasty. Code 77291 does not exist.

Index

Laparoscopy

Abdominal

Surgical . . . . 49321-49326, 49327, 49411

Delete reference code 49327 and replace with 49326, and add 49411 in the index following Laparoscopy, Abdominal Surgical. Code 49327 has been deleted.

Index

Laparoscopy

Adrenalectomy . . . . 50545, 60650

Delete reference code 50545 and replace with 60650 in the index following Laparoscopy Adrenalectomy.

Index

Placement

Interstitial Device

Abdomen . . . . 49410, 49411

Omentum . . . . 49410, 49411

Pelvis . . . . . . . . . 49410, 49411

Peritoneum . . . . 49410, 49411

Retroperitoneum . . . 49410, 49411

Delete reference code 49410 and replace with 49411 in the index following Placement, Interstitial Device, Abdomen, Omentum, Pelvis, Peritoneum, and Retroperitoneum.

Index

Radiation Therapy

Guidance

Interstitial Devices, Placement . . . . 49410, 49411

Delete reference code 49410 in the index following Radiation therapy, Guidance, Interstitial Devices, Placement.
Hernia

Incisional, Reducible . . . . . 49564 49560, 49565, 49650, 49656

Delete reference code 49564 and replace with 49560, 49565, 49650, 49656 in the index following Repair, Hernia, Incisional, Reducible.

Index
Spect

Heart

Multiple . . . . . . 78452, 78454 78465
Single . . . . . . . 78451, 78453 78464

Delete reference codes 78464 and 78465 and replace with 78451, 78452, 78453, and 78454 following Spect, Heart, Multiple and Single. Codes 78464 and 78465 have been deleted.

Index
Transcatheter

Placement

Intravascular Stents . . . . . 0075T-0076T, 37205-37208, 37215-37216, 92980-92981

Add reference codes 92980-92981 in the index following Transcatheter, Placement, Intravascular Stents.

Medium Descriptors

27619  EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASCIAL <3 5CM

Revise medium descriptor for 27619.

Medium Descriptors

27632  EXCISION TUMOR SOFT TISSUE LEG/ANKLE SUBQ 5+CM

Revise medium descriptor for 27632.

Medium Descriptors

78601  BRAIN IMAGING >3 <4 Static views w vascular flow

Revise medium descriptor for 78601.

Medium Descriptors

93701  BIOIMPEDANCE, CV ANALYSIS

Revise medium descriptor for 93701.

Medium Descriptors

96365  IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HOUR HR
Revise medium descriptor for 96375.

Medium Descriptors
96375  THER PROPH/DX NJX EA SEQL IV PUSH NEW SBST/DRUG

Revise medium descriptor for 96367.

Medium Descriptors
96367  IV NFS THER PROPH/DX ADDL NFS TO 1 HOUR HR

Revise medium descriptor for 96375.

Short Descriptors
22901  EXC BACK TUM DEEP = 5CM

Revise short descriptor for 22901 to reflect its medium descriptor. The equal sign (=) is deleted and the plus (+) is added after 5. (The strike-thru sign is not visible on the equal sign.)

Clinical Examples in Radiology - Citation
36475  
CPT Changes: An Insider’s View 2005
Clinical Examples in Radiology Fall 08:10

Delete Clinical Examples in Radiology Feb 08:10 citation following 36475.

Clinical Examples in Radiology - Citation
35475  
Clinical Examples in Radiology Fall 08:10

Add Clinical Examples in Radiology Feb 08:10 citation following 35475.